

## SUMMARY FORM

### COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

#### Section I: Agreement Details

Public Employer: Atlantic County Special Services Board of Education County: Atlantic  
Employee Organization: Atlantic County Special Services Education Association Employees in Unit: 288  
Base Year Contract Term: 7/1/2007 6/30/2010 New Contract Term 7/1/2010 6/30/2013  
Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1 .....	Salary	\$12,993,815	\$12,993,815
Item 2 .....	Increment		\$390,243
Item 3 .....	Longevity		
Item 4 .....			
Item 5 .....			
Item 6 .....			
Item 7 .....			
Item 8 .....			
Item 9 .....			
Item 10 .....			
Item 11 .....			
Item 12 .....			
Any additional items list on separate sheet Additional Items			
<b>Section III: Totals</b> - Sum of costs in each column		\$12,993,815 (Total)	\$13,384,058 (Total)

#### Section IV: Analysis of new successor agreement

#### NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$12,993,815					
Effective Date (m/d/yyyy)	7/1/2010	7/1/2011	7/1/2012			
Percent Increase .....	3%	3%	3%			
Total cost of increase ..	\$390,243	\$401,512	\$413,223			
Total base salary (successor agreement) .....	\$13,384,058	\$13,785,570	\$14,198,793			

#### Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	3.00
Dollar Impact (average per year over term of agreement)	\$1,204,978.00

#### Section VI

##### Health Insurance (indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan .....	\$2,346,083	\$2,580,434				
Employee Contributions .....	\$0	\$169,110				
Prescription .....	\$690,498	\$704,708				
Dental .....	\$163,995	\$170,283				
Vision .....	\$0	\$0				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

#### Section VII

Prepared by: Lisa Mooney Title: Business Administrator  
 Date: 5/30/2012  
Signature

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2010 thru 6/30/2013.

Employer: Atlantic County Special Services

County: Atlantic

Date: 5/30/2012

Name: Lisa Mooney  
Print Name

Title: Business Administrator

  
Signature